

TOTAL OF ATTACHMENT #4

SHOWING VENDORS STATEMENTS THAT PAYMENT WAS MADE
TO IRS, SOME EXHIBITS HAVE CANCELLED CHECKS MADE OUT
TO IRS, BUT WITH NO IRS ENDORSEMENT AND WITH SOME TYPE OF SIGNATURE
[AS PROVIDED BY THE OFFICE OF APPEALS]

TIER #1		TIER #2	
EXH NO.	AMOUNT	EXH NO	AMOUNT
5	75.76	774	49.61
3	177.49	797	120.16
6	115.71		
522, 523			169.77
525 & 526	624.38		
523	704.48		
619	95.46		
618	105		
541	153.16		
645	799.67		167.77
674	3495.07		12277.43
729	2253.97		12445.2
675	238.6		
667	189.64		
664	446.08		
755	131.01		
754	318.94		
752	99.38		
718	1445.07		
600	688.4		
798	120.16		
	12277.43		

Exh. 4

EAST COUNTY MEDICAL GROUP
c/o SUTTER CONNECT
PO BOX 254887
SACRAMENTO, CA 95865-4887 (800) 470-0071

EXPLANATION OF BENEFITS

3

Member : UNITED STATES TREASURY
185 LENNON LANE, SUITE 200
WALNUT CREEK, CA 94598

Check Number: 1 - 113039

Date Paid : 10/23/2003

MEMBER NAME	MEMBER ID	HP	CLAIM NUMBER	ACCOUNT #	DOS	CPT+MOD	QTY	BILLED	ALLOWED	COPAY	ADJUST	INT	NET
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Provider : 1046 - SHARON DE EDWARDS

DEFEJUANITA C	551346783FM1	SP	2003090412600185	4948HMO1	08/28/2003	99244-	1	185.00	167.84	20.00	0.00	0.00	147.84
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CLAIM TOTALS:

185.00	167.84	20.00	0.00	0.00	147.84
--------	--------	-------	------	------	--------

SSON, VIOLA M	458302855FM1	SP	2003090412600182	2124HMO1	07/31/2003	99213-	1	60.00	49.65	20.00	0.00	0.00	29.65
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CLAIM TOTALS:

60.00	49.65	20.00	0.00	0.00	29.65
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2 Claim Master records for : SHARON DE EDWARDS
2 Claim Detail records for : SHARON DE EDWARDS

Master Claim records for : UNITED STATES TREASURY
Detail Claim records for : UNITED STATES TREASURY

\$245.00	217.49	\$40.00	\$0.00	\$0.00	177.49
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DIABLO VALLEY
37 QUIAL COURT, SUITE 301
WALNUT CREEK, CA 94596

BANK OF WALNUT CREEK
WALNUT CREEK, CA 94596
90-3801-1211

10/28/2003

PAY TO THE
ORDER OF

Internal Revenue Service

\$ **115.74

One Hundred Fifteen and 74/100*****

DOLLARS

Internal Revenue Service
185 Lennon Lane
Walnut Creek, CA 94598

MEMO

Levy Against Sharon DeEdwards, MD

⑈005598⑈ ⑆121138013⑆ 001 079026⑈

WOMEN'S PRIMARY HEALTH PHYSICIANS

DIABLO VALLEY
Internal Revenue Service

10/28/2003

5598

115 74

Checking

Levy Against Sharon DeEdwards, MD

115 74

6

CONTRA COSTA COUNTY

Stephen Ybarra, County Auditor - Controller
625 Court Street
Martinez, CA 94553
(925) 646-2191

Case 3:07-cv-03102-WHA Document 23 Filed 11/01/2007 Page 4 of 15

G214818

VENDOR NAME: DE EDWARDS, SHARON MD
VENDOR NO.: 67561
CHECK DATE: 03/31/05
CHECK NO.: 214818
REMITTANCE ADVICE

INVOICE DATE	DESCRIPTION	OUR ORDER NO.	DISCOUNT TAKEN	NET AFTER DISCOUNT
05/29/03	00218251 03/31/05 307256		.00	80.10
03/02/05	00218250 03/31/05 600015		.00	624.38
TOTAL:			.00	704.48

THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK

CONTRA COSTA COUNTY
Stephen Ybarra, County Auditor - Controller
625 Court Street
Martinez, CA 94553
(925) 646-2191

11-24/225
1210(8)

Wells Fargo Bank
Main Street
Martinez, CA 94553

Check No.
G214818

Date: 03/31/05

Pay Amount: \$704.48

Pay Seven hundred four and 48/100 Dollars

Vendor No: 67561

To The Order Of DE EDWARDS, SHARON MD
LEVY DO NOT PAY
LEVY DO NOT PAY 00000

VOID SIX
MONTHS AFTER
DATE OF ISSUE

FROM THE AUDITORS REVOLVING FUND FOR
PROPERTY, GOODS, RIGHTS OR SERVICES AS ITEMIZED
IN PUBLIC VOUCHER ON FILE IN ABOVE OFFICE

Stephen Ybarra
Stephen Ybarra
COUNTY AUDITOR - CONTROLLER

522

CONTRA COSTA COUNTY

Stephen Ybarra, County Auditor - Controller
625 Court Street
Martinez, CA 94553
(925) 646-2191

Case 3:07-cv-03102-WHA

Document 23

Filed 11/01/2007

G216410

Page 6 of 15

VENDOR NAME INTERNAL REVENUE SERVICE		VENDOR NO. 19584	CHECK DATE 04/05/05	CHECK NO. 216410	REMITTANCE ADVICE	
INVOICE DATE	DESCRIPTION	OUR ORDER NO.	DISCOUNT TAKEN	NET AFTER DISCOUNT		
04/05/05	DE EDWARDS 680377910 LEVY		.00	704.48		
TOTAL:			.00	704.48		

THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK

CONTRA COSTA COUNTY

Stephen Ybarra, County Auditor - Controller
625 Court Street
Martinez, CA 94553
(925) 646-2191

11-24/225
1210(8)

Wells Fargo Bank
Main Street
Martinez, CA 94553

Check No.
G216410

Date: 04/05/05

Pay Amount:\$704.48

Pay Seven hundred four and 48/100 Dollars

FROM THE AUDITOR'S REVOLVING FUND FOR
PROPERTY, GOODS, RIGHTS OR SERVICES AS ITEMIZED
IN PUBLIC VOUCHER ON FILE IN ABOVE OFFICE

Stephen Ybarra

Stephen Ybarra
COUNTY AUDITOR - CONTROLLER

Vendor No: 19584
INTERNAL REVENUE SERVICE
185 LENNON LANE
WALNUT CREEK, CA 94598

VOID SIX
MONTHS AFTER
DATE OF ISSUE

523



AUTHORIZED SIGNATURE

0000009546

06/22/95 SF-CA
12100458 22
2379 SFF :-----0
1560163237

0213-6566-1
0622005
ENT-4399 TRC-4427 PK-07
2536179901

619

51-44
119

UNITED HEALTHCARE INSURANCE COMPANY
TAMPA SERVICE CENTER
P O BOX 740800
ATLANTA, GA 30374-0800
PHONE: (877) 842-3210

Fleet National Bank
150 Windsor Street
Hartford, CT 06120

VI 58127150

DATE: 06/10/05

J6-00437-001378-P0-05161-30-041-FN 110

CONTRACT: 241750

PLEASE PRESENT PROMPTLY FOR PAYMENT

PAY:\$*****153.16**

ONE HUNDRED FIFTY THREE & 18/100 DOLLARS **

PAY SHARON Y DE EDWARDS
TO THE SHARON Y DE EDWARDS MD
ORDER OF UNITED STATES TREASURY
1003 BROAD ST STE 300
JOHNSTOWN PA 15906

Robt W Ottenander

AUTHORIZED SIGNATURE

№ 58 127 150 1:0 11900445:

70666

0000015316



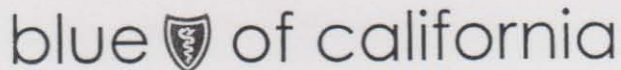
(Page 2 of 2)

06/24/95 SF, CA
121000358 22
E1174 S76 ::::::::::0
1450015501

BANK SHEET NO. 23
0110 133 FEB 20 1995

1212942

541



November 20, 2006

INTERNAL REVENUE SERVICE
KATHY JAKABCIN
185 LENNON LN WC 0363
WALNUT CREEK, CA 94598-4598

COPY

RE: SHARON DE EDWARDS MD INC
SSN/TIN : 680377910

To Whom It May Concern:

In accordance with a Notice of Levy against the above provider, we are attaching 1 check(s).
totaling \$318.94 for application to the provider's indebtedness.

We are notifying the provider of this action by a copy of this letter and remittance advice normally
attached to our check.

This levy is being handled by Christy Overmeyer. I can be reached at (530) 669-1721 or by fax
at (530) 669-1781.

Sincerely,

Christy Overmeyer
Cash Disbursing
Cash Operations

cc:

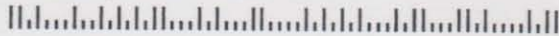
SHARON DE EDWARDS MD INC
3903 LONE TREE WAY STE 304
ANTIOCH, CA 94509-6249

754



-- 01 000007 06152 B 1 A 14

SHARON DE EDWARDS MD INC
3903 LONE TREE WAY 304
ANTIOCH, CA 94509-6252



ISSUE DATE: 11 10 06
EOB NUMBER: 813612621
PHYSICIAN MEMBER - YES
PROVIDER NUMBER: 00A446110
CHECK NUMBER: 020026561

CORRESPONDENCE:
P.O. BOX 272560 CHICO, CA 95927-2560

1 of 3

EXPLANATION OF BENEFITS
THIS IS NOT A BILL - RETAIN FOR PERSONAL TAX AND MEDICAL RECORDS

1 ENV

PATIENT NAME ID NUMBER GROUP NUMBER	PATIENT ACCOUNT NUMBER CLAIM NUMBER	DATES OF SERVICE	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	CONTRACTUAL ADJUSTMENT AMOUNT	NOTES	DEDUCTIBLE	CO-PAY AMOUNT	AMOUNT PAID
RECEIPT DATE:	11/08/06										
LORENA I MERRILL	0008413	11/03/06	A4550	1	20.00	0.00		2	0.00	0.00	0.00
J00248111	26063131361100	11/03/06	57505	1	185.00	127.81		3	0.00	0.00	127.81
0009771000000		11/03/06	58120	1	395.00	0.00		4	0.00	0.00	0.00
		11/03/06	87109	1	10.00	10.00			0.00	0.00	10.00
		11/03/06	A6260	1	35.00	0.00		5	0.00	0.00	0.00
TOTALS:					645.00	137.81	507.19		0.00	0.00	137.81
NOTES:											

- USE OUR **NEW** ONLINE BLUECARD TOOLS AT PROVIDER CONNECTION! FIND OUT WHERE TO SEND BLUECARD CLAIMS WITH OUR NEW BLUECARD CLAIMS ROUTING TOOL. SEARCH FOR ELIGIBILITY, BENEFITS AND CLAIMS INFORMATION ON OUR EXPANDED DATABASE FOR BLUE SHIELD, OTHER BLUE PLANS AND FEDERAL EMPLOYEE PROGRAM MEMBERS. IT'S QUICK AND EASY AT WWW.MYLIFEPATH.COM/PROVIDER.
- THIS PROCEDURE IS INCLUDED WITH PAYMENT FOR ANOTHER PROCEDURE PERFORMED ON THE SAME DAY.
- CONTRACTING PHYSICIANS AND HEALTH CARE PROVIDERS AGREE TO ACCEPT THE ALLOWABLE AMOUNT AS PAYMENT IN FULL. THE SUBSCRIBER IS RESPONSIBLE ONLY FOR DEDUCTIBLE, CO-PAYMENT AMOUNTS, AND NON-COVERED ITEMS.
- THIS PROCEDURE IS NOT ALLOWED WHEN BILLED ON THE SAME DATE OF SERVICE WITH THE OTHER PROCEDURES BILLED.
- TRAYS AND/OR SUPPLIES FOR MINOR SURGICAL PROCEDURES, MODALITIES OR SERVICES OF THIS TYPE ARE INCLUDED IN THE PAYMENT FOR THE PRIMARY PROCEDURE.

CONTINUED...

THE CHECK BELOW REPRESENTS PAYMENT FOR CLAIMS ITEMIZED ON THIS STATEMENT



Blue Shield of California
An Independent Member of the Blue Shield Association

PO Box 769025 • Woodland, CA 95776-9025

PAY TO THE ORDER OF

SHARON DE EDWARDS MD INC
3903 LONE TREE WAY 304
ANTIOCH, CA 94509

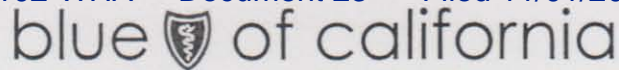
Bank of America
Commercial Disbursement Account
Northbrook, IL
STANDARD BUSINESS ACCOUNT 0139
VOID 12 MONTHS FROM ISSUE DATE

70-2328
719

PROVIDER NO. 00A446110	CHECK NO. 020026561
MO DAY YEAR 11 10 06	PAY DOLLARS CENTS \$*****318.94

*****318*DOLLARS*94*CTS*

Blue Shield of California
COPY



November 30, 2006

INTERNAL REVENUE SERVICE
KATHY JAKABCIN
185 LENNON LN WC 0363
WALNUT CREEK, CA 94598-4598

COPY

RE: SHARON DE EDWARDS MD INC
SSN/TIN : 680377910

To Whom It May Concern:

In accordance with a Notice of Levy against the above provider, we are attaching 1 check(s).
totaling \$99.38 for application to the provider's indebtedness.

We are notifying the provider of this action by a copy of this letter and remittance advice normally
attached to our check.

This levy is being handled by Christy Overmeyer. I can be reached at (530) 669-1721 or by fax
at (530) 669-1781.

Sincerely,

Christy Overmeyer
Cash Disbursing
Cash Operations

cc:

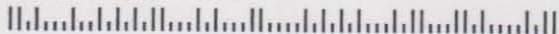
SHARON DE EDWARDS MD INC
3903 LONE TREE WAY STE 304
ANTIOCH, CA 94509-6249

752



-- 01 000001 09494 A 1 A 14

SHARON DE EDWARDS MD INC
3903 LONE TREE WAY 304
ANTIOCH, CA 94509-6252



ISSUE DATE: 11 21 06
EOB NUMBER: 815626168
PHYSICIAN MEMBER - YES
PROVIDER NUMBER: 00A446110
CHECK NUMBER: 005471242

CORRESPONDENCE:
P.O. BOX 272510 CHICO, CA 95927-2510

1 of 3

EXPLANATION OF BENEFITS

1 ENV

THIS IS NOT A BILL - RETAIN FOR PERSONAL TAX AND MEDICAL RECORDS

PATIENT NAME ID NUMBER GROUP NUMBER	PATIENT ACCOUNT NUMBER CLAIM NUMBER	DATES OF SERVICE	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	CONTRACTUAL ADJUSTMENT AMOUNT	NOTES	DEDUCTIBLE	CO-PAY AMOUNT	AMOUNT PAID
RECEIPT DATE: 11/11/06											
PATRICIA A SIMMONS	0000900	11/06/06	99396	1	110.00	110.00		1	0.00	15.00	95.00
R59141586	26063172759800	11/06/06	Q0091	1	34.35	0.00		2	0.00	0.00	0.00
0000099000105		11/06/06	82270	1	7.50	4.38		3	0.00	0.00	4.38
		11/06/06	8815090	1	10.00	0.00		4	0.00	0.00	0.00
TOTALS:					161.85	114.38	37.47		0.00	15.00	99.38
NOTES:											

- 1 THIS PROCEDURE HAS BEEN IDENTIFIED AS THE PRIMARY PROCEDURE PERFORMED ON THIS DATE OF SERVICE.
- 2 PAYMENT FOR THIS PROCEDURE IS INCLUDED WITH PAYMENT FOR ANOTHER PROCEDURE PERFORMED ON THE SAME DAY.
- 3 CONTRACTING PHYSICIANS AND HEALTH CARE PROVIDERS AGREE TO ACCEPT THE ALLOWABLE AMOUNT AS PAYMENT IN FULL. THE SUBSCRIBER IS RESPONSIBLE ONLY FOR DEDUCTIBLE, CO-PAYMENT AMOUNTS, AND NON-COVERED ITEMS.
- 4 STATE LAW PERMITS PHYSICIANS TO BILL FOR CYTOLOGIC EXAMS ONLY WHEN THEY ARE PERFORMED BY THE PHYSICIAN OR UNDER THE PHYSICIAN'S DIRECT SUPERVISION.
YOUR CONTRACTUAL ADJUSTMENT IS \$37.47.
\$15.00 IS THE PATIENT'S COPAYMENT PORTION.

CONTINUED...

THE CHECK BELOW REPRESENTS PAYMENT FOR CLAIMS ITEMIZED ON THIS STATEMENT



Blue Shield of California
An Independent Member of the Blue Shield Association

PO Box 769025 • Woodland, CA 95776-9025

Bank of America
San Francisco, California

11-35
1210

STANDARD BUSINESS ACCOUNT 0140
VOID 12 MONTHS FROM ISSUE DATE

PAY TO THE ORDER OF

SHARON DE EDWARDS MD INC
3903 LONE TREE WAY 304
ANTIOCH, CA 94509

PROVIDER NO. 00A446110	CHECK NO. 005471242
MO DAY YEAR 11 21 06	PAY DOLLARS CENTS \$*****99.38

*****99*DOLLARS*38*CTS*



Barbara L. Bodden

BlueCross
BlueShield

Federal Employee Program

June 15, 2007

Sharon de Edwards, MD
3903 Lone Tree Way #304
Antioch, Ca 94509

IRS Levy

Member Number: R50288961
Patient Name: Marvilyne Williams
Claim Number: 26071272004700

Dear Dr. de Edwards,

This is in response to your inquiry concerning services provided by you on 4/26/07, in the amount of \$ 155.00.

Our records indicate the claim was processed and notification was sent to your office on 5/8/07. We were unable to make payment because the entire paid amount of \$120.16 was intercepted by the IRS.

If you have additional information, which could affect this decision, please forward it to us along with a copy of this letter, and further consideration will be given.

Sincerely,

Latrice H.
FEP Customer Service Representative

798

#4430

DOS 12/6/06

\$49.61 pd on cPT 5861152

Page:1

WELLS
FARGO

THE FACE OF THIS CHECK IS PRINTED IN U.S. THE BACK CONTAINS A SIMULATED WATERMARK

CONTRA COSTA COUNTY
Stephen Ybarra, County Auditor - Controller
825 Court Street
Martinez, CA 94553
(925) 646-2191

11-24225
121048

Wells Fargo Bank
Main Street
Martinez, CA 94553

476572 Check No. G422695

Date: 12/29/06 Pay Amount: *****\$49.61

Pay Forty nine and 61/100 Dollars

Vendor No: 67561

FROM THE AUDITORS REVOLVING FUND FOR
PROPERTY, GOODS, RIGHTS OR SERVICES AS ITEMIZED
IN PUBLIC VOUCHER ON FILE IN ABOVE OFFICE

VOID SIX
MONTHS AFTER
DATE OF ISSUE

To The
Order Of DE EDWARDS, SHARON MD
LEVY DO NOT PAY
LEVY DO NOT PAY 00000

Stephen Ybarra
COUNTY AUDITOR - CONTROLLER

8801422695 121000248 4225 027614 0000004961

WARNING: THE BACK OF THIS CHECK CONTAINS A
SIMULATED WATERMARK. HOLD AT 45 ANGLE TO VIEW.
DO NOT WRITE, SIGN OR STAMP OVER THIS TIME
STAMP FOR DEPOSIT ONLY
County Auditor - Controller
12/29/06

Item Detail

Amount: \$ 49.61 Account Number: 4225027614
Check Number: 8801422695 Routing Number: 121000248
Posting Date: 01/16/2007
© Copyright 2002 - 2007 Wells Fargo. All rights reserved.

274

BlueCross
BlueShield

Federal Employee Program

June 26, 2007

Sharon Y. de Edwards, M.D., F.A.C.O.G.
3903 Lone Tree Way, Ste. 304
Antioch, CA 94509

Member Number: R51023308
Patient's Name: Monica Eaton
Date(s) of Service: 05/03/07

Dear Provider,

The claim you recently requested status on has processed or is in process as indicated below:

☐ The service is currently processing on claim number:

☒ The service has processed as follows:

Claim Number: 26071272004600

Check Number: 006031647

Processed Date: 05/10/2007

Deductible Amount: \$

Amount Paid: \$120.16

Payee: Sharon de Edwards, M.D., Inc.

Paid on a summary check in the amount of: \$

✓ This payment was held due to a Levy. For questions regarding the hold please contact Christy at 530-669-1721.

We trust this information is helpful.

Sincerely,

David M. Lindsey
Customer Service Representative
Federal Employee Program

NCR

797

